

236193

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Excel Charter and Tours of SC, Inc.

RECEIVED

APR 13 2012

PSC SC  
CLERK'S OFFICEBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2012 - 165 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Benita Woodbury

Telephone: 843-774-7090

Address: Excel Charter and Tours of SC, Inc.

Fax: 843-774-0350

P. O. Box 1035 1401 Hwy. 301 N

Other:

Dillon, SC 29536

Email: excelcharter@sc.twcabc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE**

Date: April 2, 2012

**CLASS C - CHARTER BUS**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Excel Charter and Tours of SC, Inc.

1401 Hwy 301 N

Street Address of Applicant

P. O. Box 1035 Dillon, SC 29536

Mailing Address of Applicant (if different from street address)

843-774-7090

Phone

843-774-0350

Fax

excelcharter@sc.twcbc.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Thomas Paige 1212 N 1st Avenue Apartment 1B Dillon, SC 29536

Timothy Paige 50 Upper Loop Way Columbia, SC 29212

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Excel Charter and Tours of SC, Inc.

Name of Applicant

P. O. Box 1035 Dillon, SC 29536

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 16,772.00

Limits \$5,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

16 or More Passengers\* \$ 25,000/300,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

NOVA CASUALTY INSURANCE Co.

Name of Insurance Company

726 Exchange St. Ste 1020 Buffalo NY 14210

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4/12/12

Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Excel Charter and Tours of SC, Inc.  
Name of Applicant

1101538  
U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes                      ☐ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory                      ☒ Conditional                      ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☒ Yes                      ☐ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes                      ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes                      ☐ No

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

Benita Woodbury  
Applicant's Signature

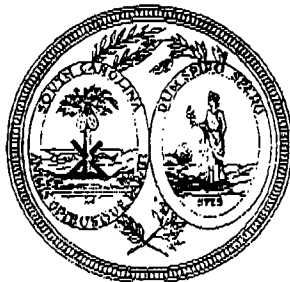
STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF Florence )

SWORN TO BEFORE ME  
This 4<sup>th</sup> day of April, 2012

Rebecca M. Culbertson  
Notary Public

Commission Expires 12.8.2020

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

**EXCEL CHARTER AND TOURS OF SC, INC.,**  
a corporation duly organized under the laws of the State of South Carolina on July 2nd, 2008, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
2nd day of July, 2008.

A handwritten signature in cursive script that reads 'Mark Hammond'.

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

ARTICLES OF INCORPORATION

JAN 15 2009

TYPE OR PRINT CLEARLY IN BLACK INK

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

- 1 The name of the proposed corporation is Excel Charter and Tours of SC, Inc
- 2 The initial registered office of the corporation is 1401 Hwy 301 N  
Street Address
- Dillon Dillon South Carolina 29538  
City County State Zip Code

and the initial registered agent at such address is Timothy Pargo  
Print Name

I hereby consent to the appointment as registered agent of the corporation

Timothy Pargo  
Agent's Signature

- 3 The corporation is authorized to issue shares of stock as follows Complete "a" or "b", whichever is applicable

a ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000

b ☐ The corporation is authorized to issue more than one class of shares

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows

- 4 The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) \_\_\_\_\_

088762-0084

FILED 07/02/2009

EXCEL CHARTER AND TOURS OF SC INC

Filing Fee \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State



5 The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended)

6 The name, address, and signature of each incorporator is as follows (only one incorporator is required)

a Timothy Paige  
Name  
1401 Hwy 301 N Dillon, SC 29536  
Address  
Signature *Timothy Paige*

b  
Name  
Address  
Signature

c  
Name  
Address  
Signature

7 I, Janet A. Byrd, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation

Date 7-2-08

*Janet A. Byrd*  
Signature

Janet A. Byrd  
Type or Print Name

107 S 3rd Avenue  
Address

Dillon, SC 29536

843-774-9075  
Telephone Number

# FMCSA Motor Carrier

USDOT Number: 1101538

Docket Number: MC453135

Legal Name: EXCEL CHARTER AND TOURS OF SC, INC.

DBA (Doing-Business-As) Name



## Addresses

Business Address: 1401 HIGHWAY 301 NORTH  
DILLON, SC 29536

Business Phone: (843) 774-7090 Business Fax: Fax: (843) 774-0350

Mail Address: PO BOX 1035  
DILLON, SC 29536

Mail Phone: Mail Fax: Undeliverable Mail: NO

## Authorities:

Common Authority:	NONE	Application Pending:	NO	
Contract Authority:	ACTIVE	Application Pending:	NO	
Broker Authority:	NONE	Application Pending:	NO	
Property:	YES	Passenger:	YES	Household Goods: NO
Private:	NO	Enterprise:	NO	

## Insurance Requirements:

BIPD Exempt:	NO	BIPD Waiver:	NO	BIPD Required:	\$5,000,000	BIPD on File:	\$5,000,000
Cargo Exempt:	NO			Cargo Required:	NO	Cargo on File:	NO
BOC-3:	YES			Bond Required:	NO	Bond on File:	NO

Blanket Company: SERVICE OF PROCESS AGENTS, INC.

Comments: OOS RESCINDED 8/2/11-TG///OOS PER PHEBLER 7/11/11-TG///2-23-06 NAME CHANGE ASSIGNED TO CAROLE MOBRAY.

## Active/Pending Insurance:

Form:	91X	Type:	BIPD/Primary	Posted Date:	02/23/2012
Policy/Surety Number:	NEC-CL-0010187-	Coverage From:		\$0 To:	\$5,000,000
Effective Date:	03/02/2012	Cancellation Date:			

Insurance Carrier: NOVA CASUALTY COMPANY

Attn: ALISSA J WOLF

Address: 726 EXCHANGE STREE., STE: 1020

BUFFALO, NY 14210 US

Telephone: (716) 856 - 3722 Fax: (716) 852 - 5590

## Rejected Insurances:

Form:		Type:		Coverage From:	\$0 To:	\$0
Policy/Surety Number:				Rejected:		
Received:						
Rejected Reason:						

☒ USDOT Number
 ☐ MC/MX Number
 ☐ Name

Enter Value: 1101538

Search

## Company Snapshot

EXCEL CHARTER AND TOURS OF SC INC

USDOT Number: 1101538

### [ID/Operations](#) | [Inspections/Crashes in US](#) | [Inspections/Crashes in Canada](#) | [Safety Rating](#)

**Carriers:** If you would like to update the following ID/Operations Information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

#### Other Information for this Carrier

- [SMS Results](#)
- [Licensing & Insurance](#)

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 03/29/2012.

<b>Entity Type:</b>	Carrier																																
<b>Operating Status:</b>	REGISTERED	<b>Out of Service Date:</b>	None																														
<b>Legal Name:</b>	EXCEL CHARTER AND TOURS OF SC INC																																
<b>DBA Name:</b>																																	
<b>Physical Address:</b>	1401 HIGHWAY 301 NORTH DILLON, SC 29536																																
<b>Phone:</b>	(843) 774-7090																																
<b>Mailing Address:</b>	PO BOX 1035 DILLON, SC 29536																																
<b>USDOT Number:</b>	1101538	<b>State Carrier ID Number:</b>																															
<b>MC or MX Number:</b>	MC-453135	<b>PLNS Number:</b>	-																														
<b>Power Units:</b>	2	<b>Private:</b>	5																														
<b>MCS-150 Form Date:</b>	07/09/2008	<b>MCS-150 Mileage Year:</b>	75,000 (2007)																														
<b>Operation Classification:</b>																																	
<input checked="" type="checkbox"/> Auth. For Hire <input type="checkbox"/> Priv. Pass.(Non-business) <input type="checkbox"/> State Gov't <input type="checkbox"/> Exempt For Hire <input type="checkbox"/> Migrant <input type="checkbox"/> Local Gov't <input type="checkbox"/> Private(Property) <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Indian Nation <input type="checkbox"/> Priv. Pass. (Business) <input type="checkbox"/> Fed. Gov't																																	
<b>Carrier Operations:</b>																																	
<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Only (HM) <input type="checkbox"/> Intrastate Only (Non-HM)																																	
<b>Carries Cargo:</b>																																	
<table border="0"> <tr> <td>General Freight</td> <td>Liquids/Gases</td> <td>Chemicals</td> </tr> <tr> <td>Household Goods</td> <td>Intermodal Cont.</td> <td>Commodities Dry Bulk</td> </tr> <tr> <td>Metal: sheets, coils, rolls</td> <td><input checked="" type="checkbox"/> Passengers</td> <td>Refrigerated Food</td> </tr> <tr> <td>Motor Vehicles</td> <td>Oilfield Equipment</td> <td>Beverages</td> </tr> <tr> <td>Drive/Tow away</td> <td>Livestock</td> <td>Paper Products</td> </tr> <tr> <td>Logs, Poles, Beams, Lumber</td> <td>Grain, Feed, Hay</td> <td>Utilities</td> </tr> <tr> <td>Building Materials</td> <td>Coal/Coke</td> <td>Agricultural/Farm Supplies</td> </tr> <tr> <td>Mobile Homes</td> <td>Meat</td> <td>Construction</td> </tr> <tr> <td>Machinery, Large Objects</td> <td>Garbage/Refuse</td> <td>Water Well</td> </tr> <tr> <td>Fresh Produce</td> <td>US Mail</td> <td></td> </tr> </table>				General Freight	Liquids/Gases	Chemicals	Household Goods	Intermodal Cont.	Commodities Dry Bulk	Metal: sheets, coils, rolls	<input checked="" type="checkbox"/> Passengers	Refrigerated Food	Motor Vehicles	Oilfield Equipment	Beverages	Drive/Tow away	Livestock	Paper Products	Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities	Building Materials	Coal/Coke	Agricultural/Farm Supplies	Mobile Homes	Meat	Construction	Machinery, Large Objects	Garbage/Refuse	Water Well	Fresh Produce	US Mail	
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### [ID/Operations](#) | [Inspections/Crashes in US](#) | [Inspections/Crashes in Canada](#) | [Safety Rating](#)

US Inspection results for 24 months prior to: 03/29/2012

Total inspections: 3

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:			
Inspection Type	Vehicle	Driver	Hazmat
Inspections	3	3	0
Out of Service	2	0	0
Out of Service %	66.7%	0%	%
Natl Average % (2009-2010)	20.72%	5.51%	4.50%

Crashes reported to FMCSA by states for 24 months prior to: 03/29/2012

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Canadian inspection results for 24 months prior to: 03/29/2012

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:		
Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 03/29/2012

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

**Carrier Safety Rating:**

The rating below is current as of: 03/29/2012

**Review Information:**

Rating Date:	08/02/2011	Review Date:	05/03/2011
Rating:	Conditional	Type:	Compliance Review



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Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • Field Office Contacts